The Prevalence of Healthfulness in Alberta

Highlights from the 1985 General Social Survey

Alberta
HEALTH

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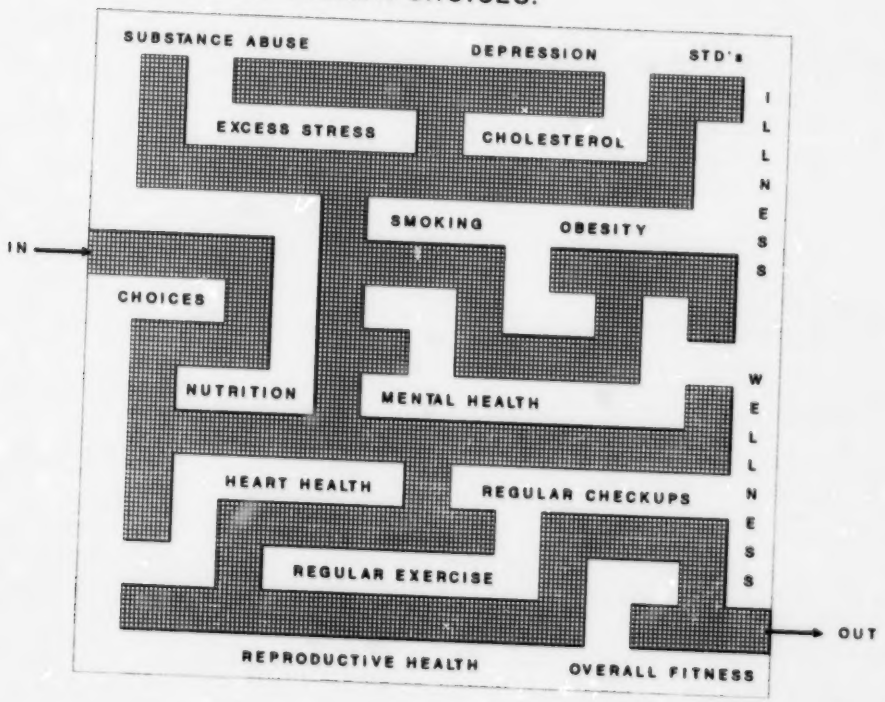
Introduction

The 1985 General Social Survey (G.S.S.) was the first cycle of a continuing program, with a single survey cycle annually. It was established by Statistics Canada to reduce gaps in the statistical information system and to identify socio-economic trends across Canada.

Two principal objectives of the survey were (1) to gather time-series data on trends in Canadian Society; (2) to provide information on specific policy issues of interest. The G.S.S. had three components: Core, Focus, and Classification. Core content monitors long-term social trends by measuring changes in living conditions and the well-being of Canadians. Topics of core content are health, education, social environment, and personal risk. The core content of the 1985 G.S.S. was **health**. Health status indicators included were: activity limitation, well-being, chronic health problems, smoking, alcohol consumption, and physical activity. Focus content is aimed at specific policy issues. The 1985 G.S.S. focuses on social support and the elderly. Classification is a means of sorting

THE MAZE OF HEALTH CHOICES:



Introduction (Cont'd)

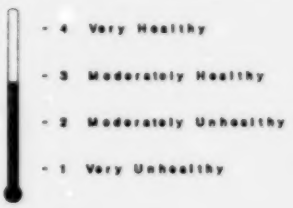
data by variables in order to delineate population groups into identifiable target groups. For example, variables such as age, education, income level, and place of residence are used to classify data in this fashion.

There are two types of errors in surveys of this sort, one is sampling error, the other is non-sampling. Sampling error is partly overcome by increasing the size of the sample. Non-sampling error is more difficult to detect or remedy after the survey. Given these types of errors the results shown in this highlights report should be interpreted with due caution. More detailed discussion of the survey methods used for the 1985 G.S.S., and of these types of error are included in section 2, SURVEY METHODOLOGY AND DATA, of the technical report.

Because of the broad scope of the survey, this Highlights report can only present a few points of interest from the results of the 1985 G.S.S. Here, the focus is on the prevalence of chronic diseases and disability in Alberta as indicated by the results of the survey. Numerical results for Alberta and where appropriate a comparison with Canada and other provinces or regions of Canada are presented graphically with accompanying discussion in the text.

The Health of Albertans

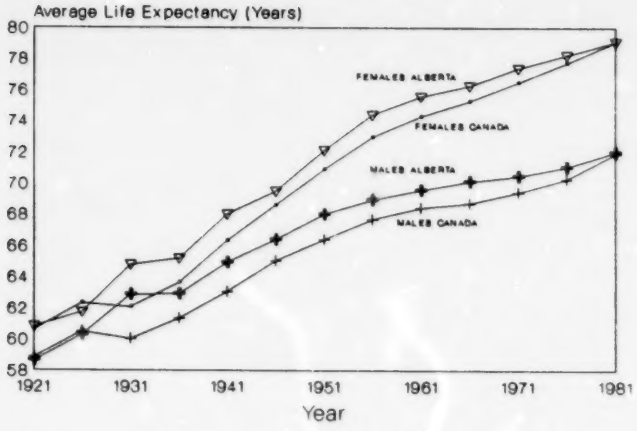
How healthy are Albertans? Using provincial survey data from the 1985 G.S.S., we are able to examine a number of factors that influence health in Alberta. This Highlights report briefly summarizes some findings reported in a technical report "The Prevalence of Healthfulness in Alberta." The focus here is chronic illness and activity limitation.



Longer Lives in Years

Albertans are living longer. Since 1921, life expectancy of an Albertan or Canadian newborn child has increased dramatically for both sexes, particularly females. From the mid-1920's to the mid-1970's, Alberta life expectancy rates were consistently greater than the corresponding Canada rates. However, in recent years, it appears that the gap between Alberta and Canada has narrowed in this regard.

LIFE EXPECTANCY
ALBERTA & CANADA 1921-1981



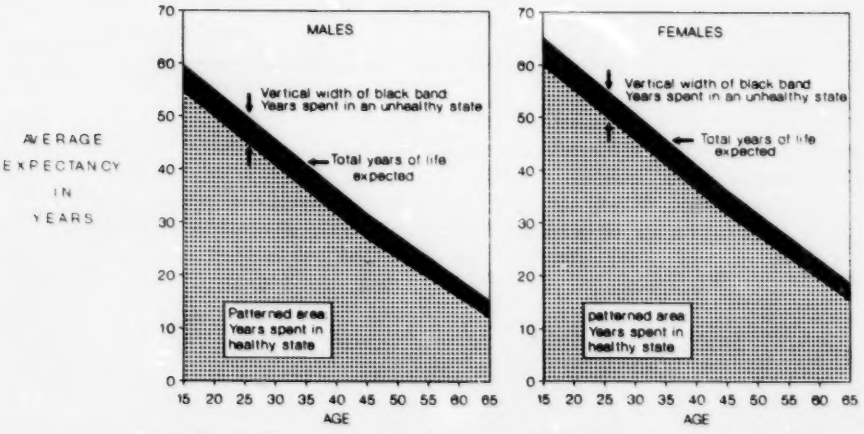
Years Spent in a Healthy State

Using a life table prepared for Alberta, based on 1985 to 1987 mortality data, 1986 Census, and information collected from the 1985 G.S.S., a health expectancy trend for males and females was calculated.

The number of years within a lifetime that a person spends in a healthy state is determined by presence/absence of disease, disability or mortality. Not all Albertans are fortunate enough to live an entire life free of major health problems. Health expectancy trend, that is, average number of years remaining in a healthy state, shown in the following chart, **HEALTH EXPECTANCY IN ALBERTA**, was derived by applying an index of healthfulness to average life expectancy. The chart indicates that as Albertans age, an increasingly lower proportion of remaining years is spent in a healthy state.

Thus, at age 15, the average Albertan male is expected to live another 60 years, of which only 8.8% (5.3 years) is expected to be in an unhealthy state, whereas at age 65, an Albertan male can expect to live another 15 years, but 21.2% (3.2 years) will likely be spent in an unhealthy state.

HEALTH EXPECTANCY IN ALBERTA ·
AGES 15 AND OVER

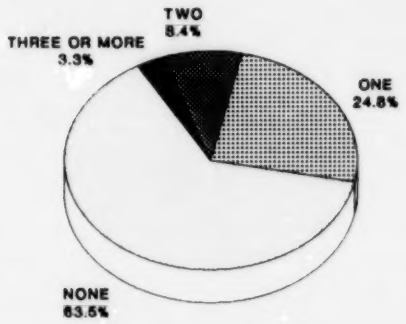


· Using healthfulness scores from the 1985 General Social Survey

Components of Health

The 1985 G.S.S. was one of the several recent large scale national surveys focused on health. Using this survey data one can examine how Albertans compare with Canadians as a whole in terms of the various components that affect health.

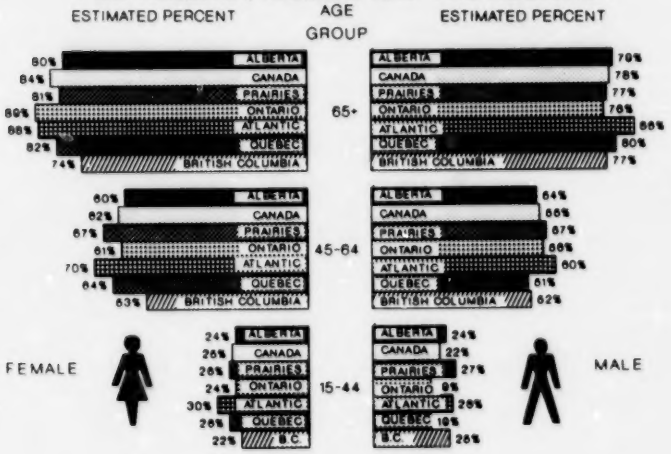
DISTRIBUTION OF SELECTED CHRONIC HEALTH PROBLEMS IN ALBERTA



NUMBER OF HEALTH PROBLEMS

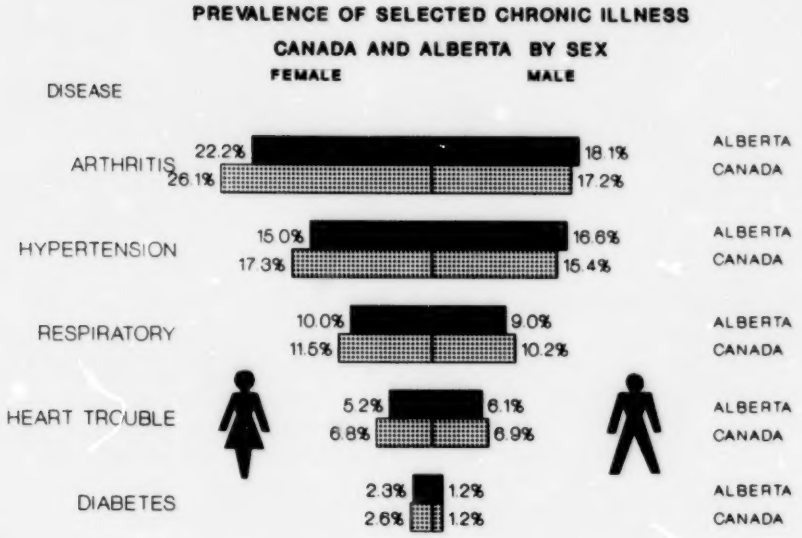
One aspect of health we should consider is the prevalence of chronic diseases. The 1985 G.S.S. asked respondents aged 15 and over to report on whether they had chronic illnesses such as diabetes, arthritis/rheumatism, heart trouble, high blood pressure and respiratory ailments. The above chart, **DISTRIBUTION OF SELECTED CHRONIC HEALTH PROBLEMS IN ALBERTA**, shows that the majority of Albertans surveyed (63.5%) did not report any of these chronic health problems. About 25% reported one chronic health problem. Of the remainder surveyed, 8.4% reported two, and 3.3% reported three or more chronic health problems.

PREVALENCE OF A CHRONIC HEALTH PROBLEM BY SEX AND AGE FOR ALBERTA, CANADA AND THE REGIONS



The chart, **PREVALENCE OF A CHRONIC HEALTH PROBLEM BY SEX AND AGE FOR ALBERTA, CANADA, AND THE REGIONS**, shows that chronic illnesses dramatically increased with age. The prevalence of the above chronic illnesses more than doubles in the age range 45-64, and triples in the age group 65 and over, compared to the 15-44 year age category. Approximately 79% of the survey population aged 65 and over report a health problem.

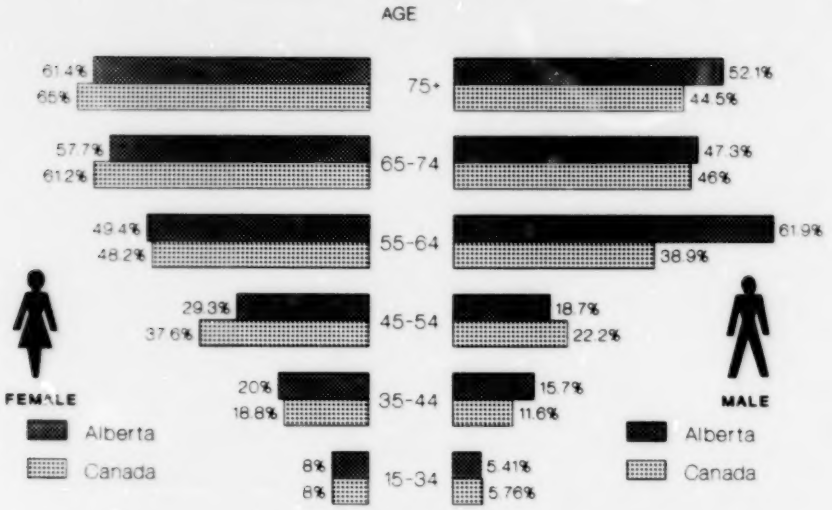
The following chart **PREVALENCE OF SELECTED CHRONIC ILLNESS** compares Alberta and Canada in terms of the proportion reporting the various chronic health conditions asked in the 1985 G.S.S.. Alberta females reported fewer of the mentioned conditions compared to the national results.



Arthritis/Rheumatism

The most prevalent chronic illness reported in Alberta and Canada was arthritis/rheumatism. One in five or 356,000 Albertans are estimated to have a problem with arthritis/rheumatism. A greater percentage of females reported a problem with arthritis/rheumatism and bursitis than did males, provincially as well as nationally. Alberta males aged 55-64 reported an almost 60% higher prevalence of arthritis/rheumatism in comparison to the national figures.

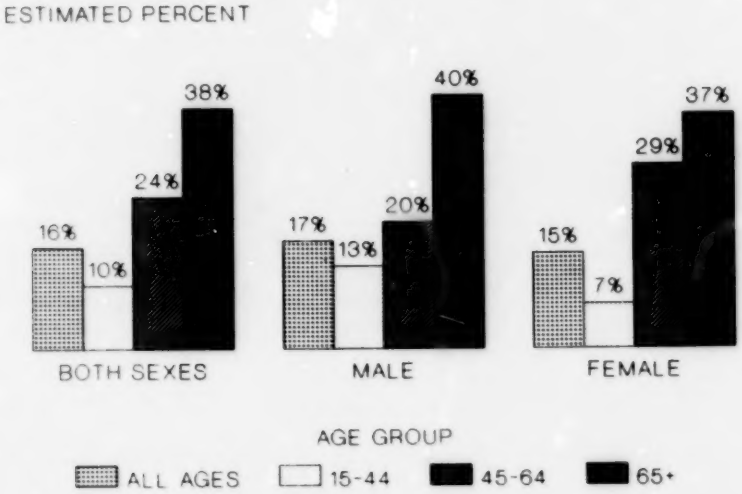
PREVALENCE OF REPORTED ARTHRITIS/RHEUMATISM SEX/AGE DISTRIBUTION



Hypertension

Approximately 16% of Albertans were alerted by a physician that they had high blood pressure. About 48% of Albertans with high blood pressure were prescribed medication or a change in diet. The prevalence of high blood pressure was found to increase with age. Albertans aged 65 and older were found to be over twice as likely to report high blood pressure compared to Albertans of all ages.

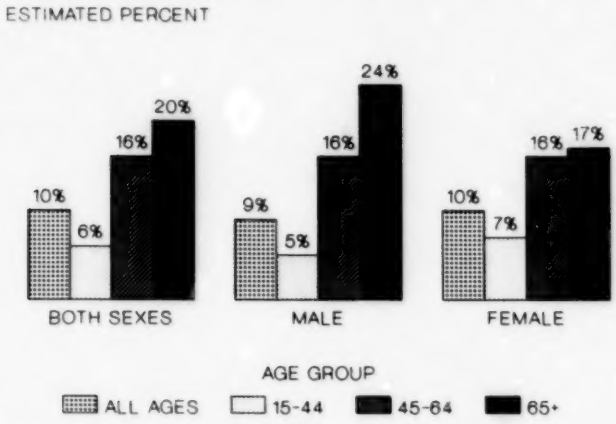
PREVALENCE OF REPORTED HYPERTENSION (HIGH BLOOD PRESSURE) IN ALBERTA BY AGE AND SEX, 1985



Respiratory Problems

It is estimated from the 1985 G.S.S. that 10% or 168,000 Albertans age 15 and over have either asthma, emphysema, bronchitis, a persistent cough, or shortness of breath. The prevalence of respiratory problems is noted to increase with age in Alberta, although the problems are more widespread among males (24%) than among females (17%) in the age 65 and over category.

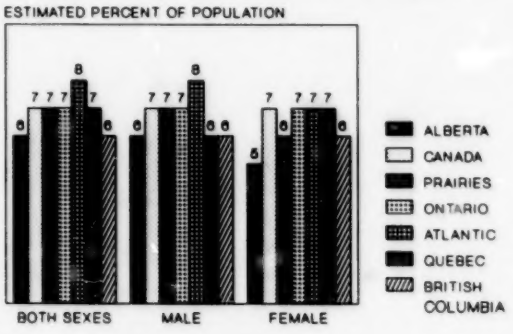
PREVALENCE OF REPORTED RESPIRATORY PROBLEMS IN ALBERTA (BY PERCENTAGE) BY AGE AND SEX, 1985



Heart Trouble

Alberta has a lower prevalence of heart trouble than most other areas in Canada. This follows a trend observed in the prairie provinces, that heart trouble is much less prevalent than in Central or Eastern Canada. Approximately 6% or about 100,000 Albertans age 15 and over are estimated to have heart trouble.

PREVALENCE OF REPORTED HEART TROUBLE BY SEX FOR ALBERTA, CANADA & THE REGIONS



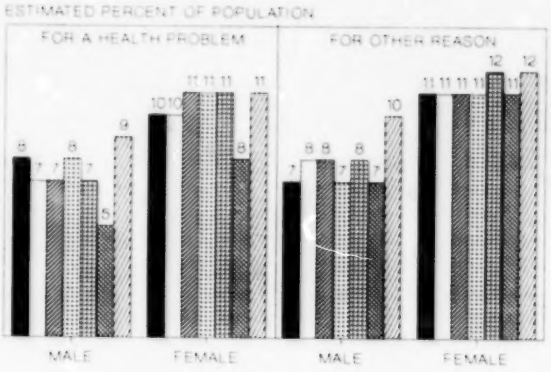
Diabetes

The prevalence of reported diabetes was found to be around 2% for Albertans aged 15 and over. This is consistent with the findings for reported diabetes for the rest of Canada. However the Canadian Diabetic Association places the prevalence of diabetes higher than the estimates reported from survey data, based on the assumption that over half the diabetics in the population are undiagnosed.

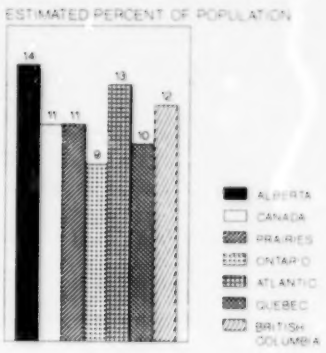
Use of Medical Services

Albertans do not differ much from other Canadians in their frequency of visits to a physician. Nationally, including Alberta, females visit the doctor over 40% more frequently than do males. Survey results show that during the year previous to the survey, 14% of Albertans spent one or more nights in hospital, which is higher than the national figure of 11%.

SEEING A PHYSICIAN IN THE LAST 14 DAYS BY SEX FOR ALBERTA, CANADA & THE REGIONS EXPRESSED AS A PERCENTAGE



ONE OR MORE NIGHTS SPENT IN THE HOSPITAL IN THE LAST YEAR ALBERTA, CANADA & THE REGIONS

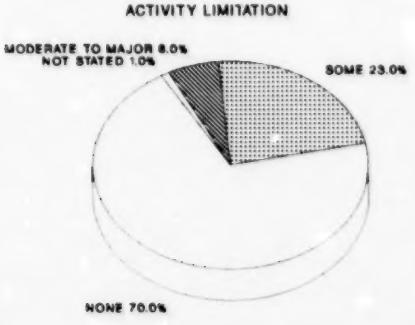


Activity Limitation

The 1985 G.S.S. examined two forms of activity limitation, short and long-term limitations. Through the Activity of Daily Living (A.D.L.) portion of the survey, respondents reported their capability to perform daily activities in the following areas: mobility, agility, sight and hearing.

About 70% of Albertans were found to have no problems with seeing, hearing, mobility and agility. Only 6% reported moderate to major limitations concerning these activities.

DISTRIBUTION OF DEGREE OF ACTIVITY LIMITATION IN ALBERTA



CANADA, ALBERTA & REGIONAL BREAKDOWN OF 1985 G.S.S.

This highlights report was prepared based largely on results from a technical report of the same name. A copy of this technical report may be obtained by writing to:

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